



Flathead County

Planning & Zoning

1035 1st Ave W, Kalispell, MT 59901
Telephone 406.751.8200 Fax 406.751.8210

MAJOR SUBDIVISION PRELIMINARY PLAT APPLICATION

*Submit this application, all required information, and appropriate fee (see current fee schedule)
to the Planning & Zoning office at the address listed above.*

FEE ATTACHED \$ _____

SUBDIVISION NAME: _____

OWNER(S) OF RECORD:

Name: _____ Phone: _____

Mailing Address: _____

City, State, Zip: _____

Email: _____

APPLICANT (IF DIFFERENT THAN ABOVE):

Name: _____ Phone: _____

Mailing Address: _____

City, State, Zip Code: _____

Email: _____

TECHNICAL/PROFESSIONAL PARTICIPANTS:

Name: _____ Address: _____

Phone: _____ Email: _____

Name: _____ Address: _____

Phone: _____ Email: _____

LEGAL DESCRIPTION OF PROPERTY:

City/County _____

Street Address _____

Assessor's Tract No.(s) _____ Lot No.(s) _____

Section _____ Township _____ Range _____

GENERAL DESCRIPTION/TYPE OF SUBDIVISION: _____

Number of Lots or Rental Spaces _____ Total Acreage in Subdivision _____

Total Acreage in Lots _____ Minimum Size of Lots or Spaces _____

Total Acreage in Streets or Roads _____ Maximum Size of Lots or Spaces _____

Total Acreage in Parks, Open Spaces and/or Common Areas _____

PROPOSED USE(S) AND NUMBER OF ASSOCIATED LOTS/SPACES:

Single Family _____ Townhouse _____ Mobile Home Park _____

Duplex _____ Apartment _____ Recreational Vehicle Park _____

Commercial _____ Industrial _____ Planned Unit Development _____

Condominium _____ Multi-Family _____ Other _____

APPLICABLE ZONING DESIGNATION & DISTRICT: _____

**IS SUBJECT PROPERTY LOCATED WITHIN 3-MILE BUFFER OF KALISPELL,
WHITEFISH, OR COLUMBIA FALLS?** _____

ESTIMATE OF MARKET VALUE BEFORE IMPROVEMENTS: _____

IMPROVEMENTS TO BE PROVIDED:

Roads: _____ Gravel _____ Paved _____ Curb _____ Gutter _____ Sidewalks _____ Alleys _____ Other _____

* **Water System:** _____ Individual _____ Shared _____ Multiple User _____ Public _____

* **Sewer System:** _____ Individual _____ Shared _____ Multiple User _____ Public _____

Other Utilities: _____ Cable TV _____ Telephone _____ Electric _____ Gas _____ Other _____

Solid Waste: _____ Home Pick Up _____ Central Storage _____ Contract Hauler _____ Owner Haul _____

Mail Delivery: _____ Central _____ Individual _____ School District: _____

Fire Protection: _____ Hydrants _____ Tanker Recharge _____ Fire District: _____

Drainage System: _____

* **Individual** (one user)

Shared (two user)

Multiple user (3-9 connections or less the 25 people served at least 60 days of the year)

Public (more than 10 connections or 25 or more people served at least 60 days of the year)

PROPOSED EROSION/SEDIMENTATION CONTROL: _____

VARIANCES: ARE ANY VARIANCES REQUESTED? _____ (yes/no)

(If yes, please complete the information on page 3)

SECTION OF REGULATIONS CREATING HARDSHIP: _____

PLEASE RESPOND TO THE FOLLOWING STATEMENTS IN THE SPACES PROVIDED

BELOW: *(The Commission shall not approve a variance unless it finds that all of the following are met)*

1. The variance will not be detrimental to the public health, safety, or general welfare or injurious to other adjoining properties.

2. Due to the physical surroundings, shape, or topographical conditions of the property involved, strict compliance with the regulations will impose an undue hardship on the owner. Undue hardship does not include personal or financial hardship, or any hardship that is self imposed.

3. The variance will not cause a substantial increase in public costs, now or in the future.

4. The variance will not place the subdivision in nonconformance with any adopted growth policy, neighborhood plan or zoning regulations.

5. The variance is consistent with the surrounding community character of the area.

APPLICATION CONTENTS:

1. Completed Preliminary Plat application *(If submitting bound copies of the application materials, please also include one **unbound** copy for replication purposes).*
2. 14 folded copies of the preliminary plat. *(Either 18" X 24" or 24" X 36" per Appendix B- Flathead County Subdivision Regulations).*
3. One reproducible set of supplemental information *(See Appendix A -Flathead County Subdivision Regulations).*
4. One reduced copy of the preliminary plat not to exceed 11" x 17" in size.
5. Application fee.
6. A **Certified** Adjoining Property Owners List must be submitted with the application *(see forms below)*. The list will be sent directly to the Planning & Zoning office, unless you request otherwise. This list is valid for a period of 6 months from date generated. You may also get a certified adjoining landowners list from a title company if you choose.

This application shall be submitted, along with all information required by the applicable Subdivision Regulations and the Montana Subdivision and Platting Act, and the appropriate fee to:

**Flathead County Planning & Zoning Office 1035 First Avenue West
Kalispell, Montana 59901 - Phone: (406) 751-8200 Fax: (406) 751-8210**

I hereby certify under penalty of perjury and the laws of the State of Montana that the information submitted herein, on all other submitted forms, documents, plans or any other information submitted as a part of this application, to be true, complete, and accurate to the best of my knowledge. Should any information or representation submitted in connection with this application be untrue, I understand that any approval based thereon may be rescinded and other appropriate action taken. The signing of this application signifies approval for the Flathead County Planning and Zoning staff to be present on the property for routine monitoring and inspection during the approval and development process.

Applicant Signature

Date

Owner(s) Signature *(all owners must sign)*

Date



Flathead County GIS
800 South Main Street
Kalispell, MT 59901
Phone (406) 758-5540
Fax (406) 758-5840



May 13, 2008

To: Whom it may concern
From: Mindy Cochran, GIS Program Manager
Subject: Adjacent Property Ownership List

To obtain a certified list of property ownership, please have the appropriate agency fill out the attached form and submit it to the Flathead County GIS Department at 800 South Main Street, located on the third floor of the old Courthouse.

The search fee is \$75.00 and is due at the time of request to the GIS Department. Please make checks payable to Flathead County. Your certified list will be ready one week from the date ordered. Rush orders will be accepted at the rate of \$150.00 per list.

For orders requested by the Flathead County Planning and Zoning Department, the completed list will be sent directly to the Planning Office. Otherwise, customers may pick up the certified list in the GIS Department.

Please note that the Planning Offices also accept ownership lists searched and certified by a local title company.

ADJACENT OWNERSHIP LIST REQUEST FORM

TO BE FILLED OUT BY THE PLANNING OFFICE, SURVEYOR OR ENGINEER

* SUBJECT PROPERTY OWNER	
* SUBJECT PROPERTY ASSESSOR #	
* SUBJECT PROPERTY LEGAL DESCRIPTION	
* SEC-TOWNSHIP-RANGE	
* BUFFER FOOTAGE	
* CONTACT PERSON	
* PHONE #	
BILLING ADDRESS	
* TODAYS DATE	
PICKUP DATE	
SUBCODE	
* PLANNER, SURVEYOR OR ENGINEER	

Fields marked with an * are required.
Incomplete forms will not be accepted.
Allow 1 week from receipt by GIS office.

Order forms can be submitted in the GIS office, by fax, or email.
Fax number: 406-758-5840
Email address: gis_ownership@flathead.mt.gov

Certified Ownership List - (Includes Paper Copy and Vicinity Map)
Certified Ownership List - Rush order - 24 to 48 hours

\$75.00
\$150.00